

especially nasopharyngeal obstructions; lack of home control; overfatigue; improper diet and faulty food habits; faulty health habits. It will be noted that improper diet comes fourth on the list and this position is well supported by the arguments presented. In the diagnosis of malnutrition the relation of weight to height is taken as an accurate standard. It should be mentioned that the illustrations are excellent and to the point.

A. G. M.

TUMORS, INNOCENT AND MALIGNANT. By SIR JOHN BLAND-SUTTON, L.D., F.R.C.S., Consulting Surgeon to the Middlesex Hospital. Seventh edition. Pp. 806; 383 illustrations. New York: Paul B. Hoeber, 1922.

THE medical profession should by this time be so well acquainted with this important book that little comment is needed upon the appearance of a new edition. Though "old fashioned" in its presentation of the subject, in the character of its illustrations and in its comparative neglect of histological details, it nevertheless continues to be of value to physician, surgeon and pathologist alike, on account of its wealth of illustrative material and case reports and the sound judgment of the thoughtful and experienced author. Almost half the references are to publications of the preceding century. Exception might be taken to various details of tumor classification and prognosis, but with the present lack of agreement on these topics this could hardly be otherwise. Radiotherapy is given but scant attention, so that one is not surprised to find lukewarm and rather vague recommendations that were more frequent in the previous decade than at present. Also one is forced to disagree with the statement on page 281 that "it is impossible without injury to the skin to administer a sufficiently strong exposure to influence malignant tumors of the viscera." A list of illustrations in this book is especially needed. The use in the index of black-face type for the main items is a detail well worth publishers' attention.

E. B. K.

CLINICAL ELECTROCARDIOGRAPHY. By FREDERICK A. WILLIUS, B.S., M.D., M.S. in Medicine, Section on Clinical Electrocardiography, the Mayo Clinic, Rochester, Minnesota, and the Mayo Foundation, University of Minnesota. Pp. 188; 185 illustrations. Philadelphia and London: W. B. Saunders Company, 1922.

To the reviewer it would appear that this book has a number of serious faults and is not up to the high standard set by other works

on clinical electrocardiography. One-sided statements of debatable points are made (as in the discussion regarding the significance of the T-wave). The classification of abnormal cardiac mechanisms is artificial and has no advantages that are apparent. The description of auricular flutter as an acceleration of the auricles to a rate beyond 200 a minute, reveals how remarkably little the author has been influenced by the recent work of Lewis on this subject. A number of the tracings (Figures 48, 52, 57, 60 and 64) are susceptible of interpretations other than those ascribed by the author, while in Figures 54, 58, 62 and 76, errors in interpretation are noted.

On the credit side may be placed the follow-up statistics of patients who had shown various abnormalities in their electrocardiograms and the excellent collection of tracings of patients with angina pectoris.

C. C. W.

THE PLACE OF VERSION IN OBSTETRICS. By IRVING W. POTTER, M.D., F.A.C.S., Obstetrician to the Deaconess, St. Mary's, City, Columbus, Homeopathic and Salvation Army Hospitals of Buffalo. Pp. 133; 42 illustrations. St. Louis: C. V. Mosby Company, 1922.

WHETHER the place of version in obstetrics is or is not to be made the routine method of delivery of all cases capable of being delivered by the natural passages rests upon the personal convictions of the individual operator. Potter believes the form of version which he has perfected should supplant the mechanism of normal labor. This excellently illustrated monograph, which may be studied with profit, is a very clear and detailed exposition of the Potter version.

P. F. W.

THE CLINICAL STUDY OF THE EARLY SYMPTOMS AND TREATMENT OF CIRCULATORY DISEASE IN GENERAL PRACTICE. By R. McNAIR WILSON, M.B., Ch.B., late assistant to Sir JAMES MACKENZIE under Medical Research Committee; late Cardiologist, War Office Trench Fever Committee; Consulting Physician, Ministry of Pensions. Pp. 245; 111 illustrations. London: Henry Frowde, Hodder and Stoughton, 1921.

THE book commences with a brief foreword by Sir James Mackenzie. An introduction then expounds the author's main hypothesis, namely, that stimulation of the vagus may reflexly stimulate the sympathetic and thus lead to a sympathetic reaction, the end result being quickening of the pulse instead of the expected slowing.

Observations made by the author upon himself, his friends, his patients and soldiers suffering from trench fever are then invoked

in abundance to prove his hypothesis and to emphasize the importance of such factors as intestinal stasis, improper breathing and toxin states in producing certain morbid conditions. These morbid conditions are described largely in terms of vagus or sympathetic activity and include breathlessness, cyanosis, exhaustion, headache, hyperalgesia, pain, tachycardia, fever and other similar conditions. The book abounds in repetitions, and one feels after reading it that one has accompanied the author through many tedious observations and explanations, but carried away very little of value regarding the early symptoms and treatment of circulatory disease in general practice.

J. H. A.

LEHRBUCH DER GRENZGEBIETE DER MEDIZIN UND ZAHNHEILKUNDE.
By JULIUS MISCH, dentist, Berlin, with the collaboration of a number of physicians. Second edition. Two volumes, pp. 1363; 351 illustrations. Leipzig: F. C. W. Vogel, 1922.

This book is stated to be for students, dentists and physicians. The various sections of the book are written by physicians in conjunction with Dr. Misch and apparently the effort has been made to present the subject-matter from the viewpoints both of physicians and dentists. The oral and particularly the dental manifestations of the various ills the body is heir to are exhaustively discussed, as well as the general effects of disorders of the teeth. The many illustrations, for the most part, are excellent.

There has been real need for a book of this sort and it has already enjoyed a deserved popularity in Germany. Its usefulness could be increased by the elimination of a great deal of unnecessarily lengthy discussion of the diagnosis and treatment of systemic diseases.

C. C. W.

SURGICAL CLINICS OF NORTH AMERICA. VOL. I, No. 6 (NEW YORK NUMBER). Pp. 295; 122 illustrations. Philadelphia and London: W. B. Saunders Company, 1922.

This number of the Clinics is an especially interesting one, taking up, as it does, thoracic surgery, cord surgery, some features of abdominal surgery and miscellaneous subjects. The contributors are all men well known in their line and in most instances the subjects chosen by them for this publication express the direction of their chief accomplishments. For this reason the reader probably gets the very best data on that particular condition and its treatment.

It is exceedingly interesting and instructive reading and shows very well the steady improvement and advance in surgical diagnosis and technic.

E. L. E.

PROGRESS OF MEDICAL SCIENCE

MEDICINE

UNDER THE CHARGE OF

W. S. THAYER, M.D.,

PROFESSOR OF MEDICINE, JOHNS HOPKINS UNIVERSITY, BALTIMORE, MARYLAND

ROGER S. MORRIS, M.D.,

FREDERICK FORCHHEIMER PROFESSOR OF MEDICINE IN THE UNIVERSITY OF
CINCINNATI, CINCINNATI, OHIO,

AND

THOMAS ORDWAY, M.D.,

DEAN OF UNION UNIVERSITY (MEDICAL DEPARTMENT), ALBANY, N. Y.

Hemosiderosis of Pernicious Anemia.—McMASTER, ROUS and LARIMORE (*Jour. Exp. Med.*, 1922, 25, 521) point out that in recent years pernicious anemia has been thought by many to be due to an injurious agent derived from the gastro-intestinal tract. One of the findings which has been considered well-nigh conclusive in support of this idea is the marked siderosis of the liver parenchyma, which has been taken to indicate that pathological blood destruction is localized within the portal tributaries. They show experimentally that this hemosiderosis is inconclusive evidence of blood destruction within the portal system. Young rabbits were injected subcutaneously with varying amounts of rabbit hemoglobin on six days out of every seven. The injection periods ranged from thirteen to one hundred and two days, the hemoglobin dose from $\frac{1}{4}$ of that normally possessed by the animal to $\frac{1}{156}$ of it. The liver, kidneys, spleen and red bone marrow were studied with reference to their hemosiderin content. The following results were obtained. The distribution of the hemosiderin depended on the amount of hemoglobin given. No siderosis occurred when a daily portion less than $\frac{1}{100}$ was employed. When slightly larger doses were used over long periods of time a siderosis of the liver occurred, similar to that in pernicious anemia, whereas the kidneys were non-pigmented or negligibly so. When more hemoglobin was used the differences in the organs became less noteworthy and when very large injections were given resulting in hemoglobinuria after but a few days, the epithelium of the renal tubules was heavily pigmented and the liver cells by con-